



SEPT. 18, 2009

HEALTH UPDATE

Department of Health Provides Update on Novel H1N1 Activities

Surveillance

www.ndflu.com

From Sept. 1 to Sept. 15, 2009, 23 influenza cases have been reported. Of these, 10 have been confirmed as 2009 novel H1N1, one was confirmed as seasonal H3N2, two were confirmed as influenza B and 10 were Type A unspecified. Since May, 114 cases of 2009 novel H1N1 have been confirmed in North Dakota in 22 counties. Submission of specimens for influenza testing is increasing and we are getting reports that influenza activity is increasing in the eastern part of the state.

Testing and Screening

www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

The North Dakota Department of Health is accepting from all areas of the state specimens from hospitalized patients who have severe respiratory illness in which other likely causes have been ruled out and influenza has not been ruled out. We also are accepting specimens from ill health-care workers. In addition, the department is accepting from most areas of the state, specimens from individuals who present with a fever greater than 100° F and have a cough or sore throat. If you have received a memo from us indicating your area only should test hospitalized cases or health-care workers, then you should discontinue all other submission to the department for testing. In areas where testing is still open, providers should limit testing to a small sample of patients presenting. We ask that each facility send only three specimens per day.

Rapid test results should be interpreted with caution. For the 2009 novel H1N1 virus, rapid test sensitivity and specificity are low, estimated by CDC to range from 10 to 70 percent.

Consideration needs to be given to false negative results with a rapid test in a person with an influenza-like illness. Providers are encouraged to use their clinical judgment to guide them with diagnosis and treatment.

Treatment

www.cdc.gov/h1n1flu/recommendations.htm

Treatment priorities include individuals that are at increased risk for complications due to influenza. This group includes children age 5 years and younger; those with lung, heart, metabolic, neuro-muscular, neurological, hepatic, hematologic and renal disorders; pregnancy and immunosuppression. Providers are again urged to use their judgment regarding treatment decisions. Novel H1N1 is generally susceptible to both zanamivir and oseltamivir, but resistant to the adamantanes. Treatment should not be delayed pending test results from the North Dakota Department of Health, as this may cause delays beyond the 48 hour window for optimum treatment outcomes. Emphasis should be placed on early treatment of ill individuals as an

alternative to chemoprophylaxis after suspected exposures. Treatment is not routinely indicated for healthy children 5 years of age or older and healthy adults younger than 65 years of age. Prophylaxis can be considered in those individuals at high risk of complications who have a known exposure. Exposures include household contact, caring for an ill individual and other situations where the person had close contact with an ill person during the infectious period (one day before symptoms to 24 hours after fever). Prophylaxis is not indicated for community exposures, including schools, camps, waiting rooms and other community settings. Because of the concern for the development of antiviral resistance, providers should try to adhere to the Centers for Disease Control and Prevention (CDC) guidance as much as possible when prescribing antivirals.

Social Distancing

www.cdc.gov/h1n1flu/guidance/exclusion.htm

Exclusion and self-isolation recommendations for people in the community with influenza like illness indicate that ill people should stay at home until after fever subsides for 24 hours without the use of fever-reducing medications. For people who work in or visit health-care settings, this period should be exclusion for seven days after onset of symptoms or 24 hours after symptoms subside, whichever is longer. For people at high risk of complications, the emphasis will be on vaccination, early diagnosis and early treatment.

Vaccine

www.ndflu.com/Vaccine/VaccineInformation.aspx

www.cdc.gov/h1n1flu/vaccination/acip.htm

The federal government is indicating that vaccine may be available in limited quantities in early October. We are expecting a larger shipment in mid-October. Pediatric doses are expected to be shipped later in October. Weekly shipments will occur starting mid-October. Vaccine recommendation groups will be:

- Pregnant women.
- Parents, caregivers and household contacts of children younger than 6 months of age.
- Health-care providers.
- Children ages 6 months through 18 years of age and young adults 19 through 24 years of age.
- Adults at increased risk for complications from influenza infections.

Providers must register at the following web address in order to receive novel H1N1 vaccine.

www.ndhealth.gov/Immunize/Documents/Providers/Memos/H1N1Vaccine.pdf .

For more information, please call the North Dakota Department of Health's Division of Disease Control at 701.328.2378 or 800.472.2180.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.